INVESTING IN RECOVERY

NAMI Seattle is proud to announce our investment of $75,000 to support the launch of the Seattle Clubhouse as part of Hero House Northwest. We see firsthand every day the critical need for social engagement, employment opportunities, and housing for people living with mental health conditions.

With the closure of the Hofmann Houses, NAMI Seattle’s Board of Directors chose to use a percentage of the assets from that program to support permanent housing for people with mental illness at Transitional Resources and Valley Cities, and other community supports that promote stability and wellness via Clubhouse. This investment is part of NAMI Seattle’s commitment to our vision of a world where everyone impacted by mental illness knows they are not alone, and are empowered to live their most fulfilling life.

What is Clubhouse?

Clubhouse is a membership-based social/vocational community where people living with persistent mental illness come to rebuild their lives. Participants – who are called members, not patients – share ownership and responsibility for the success of the organization. They work and socialize in a unique partnership with a small staff, building on strengths instead of focusing on illness. The Clubhouse provides a safe and accepting place to
spend the day, valuable work to perform within the organization, opportunities to socialize with friends and co-workers, and access to employment within the wider community. A day at Clubhouse might also include heading out to a Mariner's game, or hitting the trail for a hike. This community-based approach complements available psychiatric treatment and other social services.

**Why is NAMI Seattle supporting a Seattle Clubhouse?**

We believe that recovery is possible when people have the community support and real human interactions that we all need to thrive. NAMI supports both people in recovery and their families, and one of the most common things we hear from people in our community is “My son has nowhere to go.” We know that recovery is multi-faceted and life needs such as employment, housing, and social relationships all have a crucial role in mental health.

There is significant research which substantiates the effectiveness of the Clubhouse model. Some of the most noteworthy outcomes:

- **Better employment rates:** 42% of members at accredited clubhouses are employed – that’s double the rate for people in the mental health system
- **Reduced incarceration:** involvement in criminal justice system is diminished both during and after Clubhouse membership
- **Decrease in hospitalization:** Fewer hospital stays
- **Improved well-being:** Members report having closer friendships and someone they could rely on, and better overall health from increasing social connections.

And last but definitely not least, it’s cost effective: **One year of services at a Clubhouse is equivalent to the cost of a 2 week inpatient psychiatric stay.**

NAMI has and will continue to advocate for the availability of more psychiatric beds and treatment options in our region and our state. But as we push for more access to clinical services, we must simultaneously advocate for community-based mental health supports that can help people achieve not just crisis stabilization, but long term recovery.

We want to congratulate our partners at Seattle Clubhouse and Hero House Northwest for leading the charge to increase access to accredited Clubhouses in King County, and for promoting recovery. We are stronger together!

Ashley Fontaine, MSW
Executive Director

Learn more about Clubhouse at [www.seattleclubhouse.org](http://www.seattleclubhouse.org)
Upcoming Events with NAMI Seattle: www.namiseattle.org/events

**Mental Health Month**

May 8: **Meet & Greet @ 8:30am**
NAMI Seattle Office: 802 NW 70th St. Seattle WA 98117

Join us for coffee, comraderie, and activism at the funky blue house on the corner of 70th and 8th Ave NW! Meet NAMI Seattle staff, tour our office, and learn all about how you can get involved this year. Be sure to RSVP to katie@namiseattle.org!

May 12: **Book Signing with Ellen Forney, 11am to 1pm**

Join us for a book signing and reading from Ellen Forney’s new book, "Rock Steady". NAMI Seattle’s In Our Own Voice presenter and local business owner Allison Conroy will share her personal story about living with mental illness. Q&A, book sale, and signing to follow!

May 19: **West Seattle Library**
2306 42nd Ave. SW
1:00-2:30pm

May 30: **Green Bean Coffeehouse**
8525 Greenwood Ave. N.
7:00pm-8:30pm

We are excited to debut the 2018 update of our popular In Our Own Voice program! These free public presentations offer a personal look at mental health, as presenters with lived experience talk openly about their mental health journeys. Don’t be shy - our In Our Own Voice volunteers are happy to answer your burning questions!

June 14, 6:30pm-8:30pm
Speaker Series: Joel’s Law
Virginia Mason (room TBD)

This panel discussion will focus on Joel’s Law: The law in Washington allowing family members, legal guardians, or conservators to petition for initial involuntary detention of an individual.

We are working out some final details, further information about this event will be posted on our website and social media!

June 16, 1pm-3pm
NAMI Smarts for Advocacy
Columbia City Library Branch
4721 Rainier Ave. S.

Join us to learn how to tell a compelling story that is inspiring and makes an “ask” in 90 seconds!

The unique step-by-step, skill-building design of NAMI Smarts is effective with a wide range of participants, including those who are new to advocacy as well as individuals with years of experience.

Participants routinely share that they’ve never been able to condense their story or made a clear “ask,” but with NAMI Smarts, they are now able to.

This program is free, but RSVP is required: email katie@namiseattle.org or call us at 206-783-9264.
As NAMIWalks celebrates its 16th anniversary, we invite you to take part in NAMI’s largest and most successful mental health awareness and fundraising event in the country.

**Saturday June 2, 2018**  
Kirkland Marina Park  
Check-in opens at 8:00am  
Step off starts at 9:00am  
Register now at [www.namiwalks.org/washington](http://www.namiwalks.org/washington)

When you walk with NAMI, you join the movement to raise awareness of mental illness and raise funds for our mission to help individuals and families right here in our region.

Register today and join us as we improve lives and our communities one step at a time!
Why did you choose to become a Family-to-Family teacher?

Our daughter started struggling with bipolar depression about 15 years ago when she was in high school, and our family's experience in desperately seeking information and professional help mirrored the experience of so many families in this journey. Unlike other serious medical conditions, there is tremendous stigma, isolation, shame, confusion, and frustration that accompanies the devastating reality of serious mental illness in a family. It can be overwhelming, particularly when dealing with a mental health care system that is so often disjointed and dysfunctional. NAMI’s Family to Family class is a life line. The curriculum is packed with information about the brain, symptoms, diagnosis and treatments available for mental illness. A good part of the curriculum is also devoted to helping family members understand the lived experience of their loved ones and develop skills to enable better communication and support. Equally important is the focus on self-care for family members. Participants also bring the knowledge, perspective, and experiences they have gained through their own personal journeys to the class, which is a tremendous shared resource.

What has been the most fulfilling part of being in this role?

I have taught the class quite a few times over the years, and each time I am blown away by the positive impact it has on participants, who finally feel comfortable in a community that understands and shares their lived experience. The pattern is fairly predictable. In the first class, there's the initial reticence and fear about opening up and sharing with a group of strangers. By the second class, you can feel some sense of collective relief and ease as the group gets to know each other and feel a bit safer. By the third class it's like everybody can finally breathe again – free to share the fears, the sense of loss and sadness, the frustration - along with the humor, the gratitude, and the warmth of shared understanding and compassion. By the last class, it feels like a group that has known each other for a long time, and I believe every class I’ve taught has chosen to continue meeting independently as a support group. Some have continued to support each other for years, meeting monthly to this day.

Have you noticed any benefits for those that attend this group?

For most of us, the challenges of dealing with mental illness in our family will continue to impact our lives in one way or another, but I do believe that the majority of people who attend Family to Family classes feel less alone and more empowered by this class and the connections they make with others. One of the most powerful benefits that I see is that it helps lift the burden of shame and stigma that so often silences family members and keeps us in hiding, often even from our own extended families and friends. I think the Family to Family class gives us the perspective, the confidence, and the vocabulary to start having conversations that will help fight stigma in the broader community.

If you are interested in training to become a Family-to-Family instructor, see https://www.namiwa.org/index.php/programs/education-training/nami-washington-trainings for upcoming trainings!
It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- **Abusive behavior** to self and others, including substance use or self-harm (cutting)
- **Isolation** from school, work, family, friends
- **Loses touch with reality (psychosis)**, unable to recognize family or friends, confused, strange ideas, thinks they’re someone they’re not, doesn’t understand what people are saying, hears voices, sees things that aren’t there
- **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification

**WARNING SIGNS of Suicide**

- **Giving away personal possessions**
- **Talking as if they’re saying goodbye** or going away forever
- **Taking steps** to tie up loose ends, like organizing personal papers or paying off debts
- **Making or changing a will**
- **Stockpiling pills or obtaining a weapon**
- **Preoccupation with death**
- **Sudden cheerfulness or calm** after a period of despondency
- **Dramatic changes** in personality, mood and/or behavior
- **Increased drug or alcohol use**
- **Saying things** like “Nothing matters anymore,” “You’ll be better off without me,” or “Life isn’t worth living”
- **Withdrawal** from friends, family and normal activities
- **Failed romantic relationship**
- **Sense of utter hopelessness** and helplessness
- **History** of suicide attempts or other self-harming behaviors
- **History** of family/friend suicide or attempts
WHAT TO DO if you suspect someone is thinking about suicide

If you notice warning signs or if you’re concerned someone is thinking about suicide, don’t be afraid to talk to them about it.

START the Conversation by sharing specific signs you’ve noticed, like:

“I’ve noticed lately that you [haven’t been sleeping, aren’t interested in soccer anymore, which you used to love, are posting a lot of sad song lyrics online, etc.] …”

Then say something like:

✓ “Are you thinking about suicide?”
✓ “Do you have a plan? Do you know how you would do it?”
✓ “When was the last time you thought about suicide?”

If the answer is “Yes” or if you think they might be at risk of suicide, you need to seek help immediately.

♦ Call a therapist or psychiatrist/physician or other healthcare professional who has been working with the person
♦ Remove potential means such as weapons and medications to reduce risk
♦ Call the National Suicide Prevention Line at 1-800-273-8255 or call 911

LISTEN, EXPRESS CONCERN, REASSURE.
Focus on being understanding, caring and nonjudgmental, saying something like:

“You are not alone. I’m here for you”

“I may not be able to understand exactly how you feel, but I care about you and want to help.”

“I’m concerned about you and I want you to know there is help available to get you through this.”

“You are important to me; we will get through this together.”

Please remember, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.
IF YOU ARE WORRIED that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

- **Is the person in danger** of hurting themselves, others or property?
- **Do you have time** to start with a phone call for guidance and support from a mental health professional?
- **Do you need emergency assistance?**

If the situation is life-threatening or if serious property damage is occurring, don’t hesitate to call 911 and ask for immediate assistance.

### TECHNIQUES that May Help

**De-escaluate a Crisis:**

- Keep your voice calm
- Avoid overreacting
- Listen to the person
- Express support and concern
- Avoid continuous eye contact
- Ask how you can help
- Keep stimulation level low
- Move slowly
- Offer options instead of trying to take control
- Avoid touching the person unless you ask permission
- Be patient
- Gently announce actions before initiating them
- Give them space, don’t make them feel trapped
- Don’t make judgmental comments
- Don’t argue or try to reason with the person

### When Calling 911 for a Mental Health Emergency

**Remember to:**

- Remain calm
- Explain that your loved one is having a mental health crisis and is not a criminal
- Ask for a Crisis Intervention Team (CIT) officer, if available

**They will ask:**

- Your name
- The person’s name, age, description
- The person’s current location
- Whether the person has access to a weapon

**Information you may need to communicate:**

- Mental health history, diagnosis(es)
- Medications, current/discontinued
- Suicide attempts, current threats
- Prior violence, current threats
- Drug use
- Contributing factors (i.e. current stressors)
- What has helped in the past
- Any delusions, hallucinations, loss of touch with reality

If you don’t feel safe at any time, leave the location immediately.
PREPARING for a crisis

No one wants to worry about the possibility of a crisis—but sometimes it can’t be avoided.

It’s rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

Don’t ignore these changes, talk with your loved one and encourage them to visit their doctor or therapist. The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

If you’re feeling like something isn’t right, talk with your loved one and voice your concern. If necessary, take action to get services for them and support for yourself.

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren’t there. Don’t underestimate the reality and vividness of hallucinations.

Accept that your loved one has an altered state of reality and don’t argue with them about their experience. In extreme situations, the person may act on these sensory distortions.

Avoid guilt and assigning blame to others.
Learn to recognize early warning signs of relapse, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
Do what your loved one wants, as long as it’s reasonable and safe.

Don’t threaten; this may be interpreted as a play for power and increase fear or prompt an assault.
Don’t criticize or make fun of the person.
Don’t argue with other family members, particularly in your loved one’s presence.
Avoid direct, continuous eye contact or touching the person.
Don’t block the doorway or any other exit.

Learn all you can about the illness your family member has.
Remember that other family members are also affected, so keep lines of communication open by talking with each other.

If you are alone and feel safe with them, call a trusted friend, neighbor or family member to come be with you until professional help arrives. In the meantime, the following tips may be helpful:

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NAMI
National Alliance on Mental Illness
www.nami.org

facebook.com/NAMI       @NAMICommunicate       NAMICommunicate       notalone.nami.org * ok2talk.org
NAMI HelpLine: 800-950-NAMI (6264)   Text “NAMI” to 741741 to reach the Crisis Text Line
NAMI recently released the results of their 2016 survey on folks with insurance’s experiences of mental healthcare providers. For a full explanation of the survey results, visit the report “The Doctor is Out” at www.nami.org. Specifically, the report speaks to insurance companies’ failure to uphold parity laws – the policies that require insurance to provide for mental healthcare in the same way they provide specialty and primary care. These policies are meant to discourage discrimination and make the path to care and treatment easier for those affected by mental illness. Unfortunately, the results of the 2016 survey, as with the 2015 and 2014 surveys, show that mental healthcare is still less accessible than many other forms of healthcare.

On a local level, Washington State Health Care Authority conducted a study finding that mental health parity exists on paper. HCA is responsible for all Medicaid funded services in the state, not all mental health services. The 2017 study, found no significant disparity between medical/surgical benefits and behavioral health benefits. However, the study did highlight that Behavioral Health Organizations in Washington require outpatient services to have prior authorization, while very few outpatient services in the medical/surgical sphere require the same authorization.

This presents a different barrier to access than that found in NAMI’s national study, but the prior authorization requirement proves to be a significant barrier for many Washingtonians. Even if behavioral health and surgical health services are treated the same under insurance plans, that parity is not very helpful if Washingtonians are unable to find in-network providers.

The state was set to remove language in BHO contracts that require initial authorization for all outpatient services. Instead, prior authorization will only be required for the highest intensity of services. These changes were to be put into effect in January 2018, though whether they have a meaningful impact on access to care remains to be seen.

There are several articles on www.nami.org that address the results of the national survey in more detail and present ways that the government and insurance companies can begin to make up the inequity between mental healthcare and other care. Everyone deserves access to care. You can help to ensure that they will receive it. Call or email your state insurance regulator (Mike Kreidler in WA state, who can be contacted at https://www.insurance.wa.gov/) and ask that they ensure that health plans in your state are not violating your parity rights.
Mental Health Month Book Recommendations

Memoirs/Nonfiction
Hyperbole and a Half by Allie Brosh
Perhaps the funniest, most relatable work on life with depression to come out in the last decade, Hyperbole and a Half is the full publication of Allie Brosh’s web-based comics. Not all of the comics have to do with mental health, some are simply about dogs or other forms of mayhem. Regardless of subject, be prepared to laugh-out-loud at the stories in this book!

The Man Who Couldn’t Stop: OCD and the True Story of a Life Lost in Thought by David Adam
David Adam, renowned scientific journalist, balances the history, science, treatment, and other aspects of obsessive-compulsive disorder while weaving in the story of his own experiences with OCD. And he does it all with clarity and a touch of humor!

Young Adult Fiction
Turtles All the Way Down by John Green
Best-selling novelist John Green’s latest work tells the intimate story of what a life with obsessive-compulsive disorder can feel like through the voice of Aza Holmes: Best-friend to a fearless adventurer, daughter of a high school math teacher, possible romantic interest of a billionaire’s son, reluctant amateur detective, host to microbiota, and, just maybe, her own person.

Last Night I Sang to the Monster by Benjamin Alire Sáenz
Written in prose that feels almost like poetry, Last Night I Sang to the Monster deals with addiction, grief, physical and sexual abuse, and depression. Told through the experiences of a just-turned-eighteen-old going through recovery for substance abuse, it is a tale of overcoming written with devastating clarity.

The Perks of Being a Wallflower by Stephen Chbosky
"I am both happy and sad, and I am still trying to figure out how that could be." Now a major motion picture, this book by Stephen Chbosky is a beautifully written series of letters from a high school student to an anonymous “friend” that tell of a life moved by trauma and one teenage boy’s attempt to navigate through it. The book’s popularity is easy to understand with its heartbreaking relatability and fresh, often humorous voice.

Did you know that NAMI Seattle has a lending library open to members? With over 600 books relating to mental health, we are a small but powerful resource. All our lending library books are now catalogued on Goodreads and we’re looking for volunteers to write reviews for books that you’ve read! If you see a book listed that you loved or hated, please email reviews (600 words or less) to gideon@namiseattle.org.

MEMORIAL & TRIBUTE FUND

In Honor of Lucy Woodworth
Deanna Scheidt

In Honor of Joseph Hartman & Rachel McEntire-Hartman
Jerome Gunville

In Honor of John Gannon’s 60th Birthday
Lawrence Kahn

In Memory of Dakotah George
The George Family Foundation
Larene George
Lisa George

In Memory of Erick Legue
Mary Ann Hendron Survivor’s Trust

You can honor a loved one with a Memorial or Tribute donation. A unique and generous way to express sympathy for the loss of a loved one, or to mark anniversaries, weddings, graduations, and other special occasions. Make a note with your donation, and we will recognize your loved one in the NAMI Newsletter as well as send a card.
Join us on New Year's Eve to celebrate NAMI Seattle's 40th Anniversary!
Spend the night in your festive best, cheering NAMI's champions and ringing in the New Year with a community that shares your passion for shining a light on mental health. This inclusive event will have cocktails, mocktails, dancing, food and FUN!

Details:
Sodo Park
12.31.18
6:00pm to Midnight
Not a night owl? Never fear. We'll toast the New Year at 9pm with the East Coast ball drop, and kick off the after party at 9pm!

Learn more and get your tickets at www.namiseattle.org/2018gala